

FY 2004-2005 CHDP Asthma Project

Community-Specific Asthma Project Application

LOCAL CHDP PROGRAM CONTACT INFORMATION:

Name: _____ Address: _____ Telephone: () _____
 Title: _____ FAX: () _____
 County/City: _____ Email: _____

APPLICATION INSTRUCTIONS: Complete one application for each community-specific asthma project. Please attach the following information to this cover page. Limit the application narrative to **no more than two (2) pages – e. g. one application page and one additional page.**

DESCRIPTION of the Community-Specific Asthma Project: Provide a brief description of the project. Attach information on: 1) the connection of the project to local asthma activities (if any) and to young children (required), and 2) the timeline or date for the proposed activity.

1. **Project Title:**
2. **Proposed Asthma Activities:** (For community-specific trainings, attach training objectives, format, curriculum and other details to this application. For published material purchase, you must attach a copy of the order form for the items you want purchased.)
3. **Target Population:**
4. **Number to be served:**

Budget for Community-Specific Asthma Projects – Expenses for processing through CSUS

Personal Services: (Consultants, extra help [non-CHDP program staff], expert presenters, graphic designers, fees, etc.)

TOTAL \$:

Travel and Per Diem Total (as needed):

1. Travel:

2. Per Diem:

TOTAL \$:

Operating Expenses: List operating expenses (please itemize – e. g. printing, meeting room/event location and accommodations, equipment, training/education materials, training/education supplies, etc.).

TOTAL \$:

Indirect Expenses: Indirect expenses are not allowable for this project.

TOTAL PROJECT BUDGET: \$

Approved by CMS: _____ Date: ____/____/____
 To CSUS (Date): ____/____/____

FINAL 10/04